

## **Testimony in Support of HB 101 - Insurance Coverage of Hearing Aids for Hearing Impaired Minor Children**

January, 16, 2007

**Proponent:**

Rob Forstenzer, Trustee  
The Lore Kann Foundation  
177 Old Clyde Park Road  
Livingston, MT 59047

406 222-4835

[rob@montanagrasslandsbeef.com](mailto:rob@montanagrasslandsbeef.com)

Chairman Mendenhall, members of the committee, my name is Rob Forstenzer. I am a rancher in Livingston and a Trustee of the Lore Kann Foundation. I am here today with my wife Dr Julie Danaher and our hearing impaired daughter Lucie to support HB101. It was through my instigation that this bill was originally drafted.

I first became aware of this problem when our daughter Lucie was diagnosed with moderate to severe bilateral congenital sensorineural hearing loss. This is a diagnosis of deafness and, as you can imagine, is a devastating thing to hear as a parent. At the time we were told that with digital hearing aids and speech therapy kids with this diagnosis can do very well in acquiring language and participating in the hearing world.

Within a few days we went to an audiologist and Lucie was fitted with hearing aids. These cost approximately \$5,000 and, we were told by the audiologist, were not covered by any health insurance plans in Montana that she was aware of. Furthermore, speech therapy was not covered either. We were in a group plan, Blue Cross, I believe, and were shocked to discover this complete lack of coverage.

Many other Montana families have had the same rude awakening and have struggled to pay for these absolutely necessary devices. Several of these families have submitted supporting written testimony.

A number of years ago I realized that, as a trustee with The Lore Kann Foundation, I was in a unique position to help some of these struggling families purchase hearing aids. I made it known to the audiologists in the State that my assistance was available and over the past few years have made about fifteen grants of between \$500 and \$1,000 for this purpose mostly to families already paying for private health insurance.

However, I don't think that this should be my burden or theirs.

It's highly unfair and wrong that this coverage is excluded from all Montana health plans. I don't know why this situation persists, except that insurance companies can get away with it. Parents of deaf kids are so overwhelmed that they don't have the time or energy to exercise political clout.

Seven other States have mandated that pediatric hearing aids are covered service\*. I, and many others, not only affected families, hearing professionals and educators, think that it's about time that Montana insurance companies do the right thing and either voluntarily or by regulation start to pay for this basic and essential service.

Rob Forstenzer

\* Attachment: State Insurance Mandates for Hearing Aids

## State Insurance Mandates for Hearing Aids

Connecticut, Kentucky, Louisiana, Maryland, Minnesota, Missouri, and Oklahoma require that health benefits plans in their state pay for hearing aids for children. Requirements vary state by state for:

- ages covered
- amount of coverage
- benefit period
- provider qualifications
- type of hearing loss

Rhode Island requires coverage for both children and adults.

Existing laws in these eight states are summarized below with a link to each statute:

### Connecticut

Requires, after October 1, 2001, individual and group health insurance policies to provide coverage for hearing aids for children 12 years old or younger; classifies hearing aids as durable medical equipment and allows policies to limit the benefit to \$1,000 every 24 months.

Citation: Conn. Gen. Statute 38a-490b and 38a-516b (Use number indicated and select "Statutes - Section Text" as search options at <http://search.cga.state.ct.us/>)

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### Kentucky

Requires health benefit plans, including those provided to state employees or their dependents, to cover the cost of a hearing aid for

each ear, as needed, as well as related services necessary to assess, select, and fit the hearing aid; payment capped at \$1400 per hearing aid every 36 months; insured able to choose a higher price hearing aid and pay the difference in cost; hearing aid must be prescribed by a licensed audiologist and dispensed by a licensed audiologist or hearing instrument specialist.

Citation: KRS 304.17A-132

<http://www.lrc.state.ky.us/krs/304-17a/132.pdf> (PDF format)

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## **Louisiana**

Requires any new health insurance policy after January 1, 2004, and any existing policy on or before its renewal date but no later than January 1, 2005, to cover hearing aids for children under 18 years of age if the aids are fitted and dispensed by a licensed audiologist or hearing aid specialist. May limit benefits to \$1,400 per ear with hearing loss over a 36 month period. The insuree is able to purchase a more expensive hearing aid and pay the difference to the hearing aid provider.

Citation: La. R.S. 22:215.25

<http://www.legis.state.la.us/lss/lss.asp?doc=207219>

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## **Maryland**

Requires insurers to provide coverage for hearing aids for a minor child if the hearing aids are prescribed, fitted, and dispensed by a licensed audiologist; coverage may be limited to \$1,400 per hearing aid for each hearing-impaired ear every 36 months; insured may choose a more expensive hearing aid and pay the difference.

Citation: Md. Insurance Code Ann . §15-838  
[http://mlis.state.md.us/cgi-win/web\\_statutes.exe](http://mlis.state.md.us/cgi-win/web_statutes.exe)  
(Select "Insurance" and then enter "§15-838")

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## **Minnesota**

Requires coverage of hearing aids for children 18 years of age or younger if hearing loss is congenital and not correctable by other procedures covered in the policy, e.g., surgery; coverage limited to one hearing aid per affected ear every three years; may impose co-payment, co-insurance, or other limitations only if similar limitations apply to other coverages under the plan. Effective for policies issued on or after August 1, 2003.

Citation: Minn. Stat. 62Q.675  
<http://www.revisor.leg.state.mn.us/stats/62Q/675.html>

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## **Missouri**

Requires health insurance and Medicaid coverage for infant hear screening, re-screening (if necessary), audiological assessment and follow-up, and initial amplification, including hearing aids.

Citation: §376.1220 R.S. Mo.  
<http://www.moga.state.mo.us/statutes/c300-399/3760001220.htm>

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## **Oklahoma**

Effective November 1, 2002, requires any group health insurance or health benefit plan to provide coverage for audiological services and hearing aids for children up to 18 years of age; adds requirement of hearing aid prescription and dispensing by a licensed audiologist; allows hearing aid benefit every 48 months without a dollar limit.

Citation: 36 Okl. St. §6060.7

<http://www.lsb.state.ok.us/>

(Select "Oklahoma Statutes & Constitution", then enter 36-6060.7 in "Search Oklahoma Statutes")

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## **Rhode Island**

After January 1, 2006, requires every individual or group health insurance contract and hospital or medical expense insurance policy to provide \$400 coverage per hearing aid per ear every three years for children and adults; the insurer may choose the provider of hearing aids with which to contract; the contract or policy shall also provide, as an optional rider, additional coverage for hearing aids.

Citation:

<http://www.rilin.state.ri.us/BillText/BillText05/HouseText05/H5742A.htm>

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# **Testimony in Support of HB 101 - Insurance Coverage of Hearing Aids for Hearing Impaired Minor Children**

January, 16, 2007

Proponent:

Lucie Forstenzer

177 Old Clyde Park Road

Livingston, MT 59047

406 222-2530

Hello, my name is Lucie Forstenzer. I am 11 years old and am in the sixth grade at the Sleeping Giant Middle School in Livingston. I have a thirteen year old brother named Sam and we live on a ranch with cows, chickens and horses.

There are many, many things that I like to do. I love sports like soccer, tennis, skiing and softball; I like to read and do art, I love to play with my dog Loki, I like school (most of the time), I love my friends and want to play with them whenever I can, and, I love my family.

My parents told me that when I was a little baby I was very frustrated and I cried a lot. It wasn't until I was sixteen months old that they figured out that I couldn't hear anything.

The doctor told them that I needed hearing aids and when I got them I started to go to speech therapy to learn how to talk. Now I talk all the time.

My family and I, including my grandparents, also learned sign language together.

When I was little I loved my hearing aids and called them "my hearings". I still love them and take super good care of them. Without them I would hear almost nothing, but with them I can hear almost everything.

I kind of like being deaf: It's something that makes me special and when it gets too noisy I can always turn my hearing aids off, plus it's kind of cool to know sign language and be able to have a secret language with my family and some of my friends.

But I also love hearing. I love hearing my family talk, even though I have to say "what" a lot, I love talking to my friends which I can also do with my speaker phone. I love listening to music on my ipod, I like being in the band and the choir and I especially like the sounds of the wind, the ocean and all the other sounds of nature.

Thank you for listening to me.



## Testimony in Support of HB 101 – Insurance Coverage of Hearing Aids for Hearing Impaired Minor Children

### Proponent:

Sarah Eyer, Outreach Consultant for MSDB and parent of a deaf son  
PO Box 724  
Boulder, MT 59632  
406-788-3453  
[seyer@msdb.mt.gov](mailto:seyer@msdb.mt.gov)

### Sign in

Provide copy of handouts to Comm. Secretary

Chairman Mendenhall, members of the committee my name is Sarah Eyer. I am an Outreach Consultant for the MT School for the Deaf and Blind serving deaf and hard of hearing children around the state and I am also the parent of a deaf son. I am here today to support HB101.

As you've heard, and as I'm sure you can imagine: The diagnosis of a hearing loss in a child is very traumatic event for families. In the midst of all the emotion, grief and guilt, it is critical that these families deal with providing appropriate amplification for their child: hearing aids.

The importance of using hearing aids as soon as the hearing loss is diagnosed can not be stressed enough. It's URGENT! Every day missed is a day that language acquisition is affected. A child is never too young to be fitted with hearing aids, and to me there is nothing more beautiful than a tiny baby with hearing aids, because I know that that baby's prognosis for learning language and normal development is greatly enhanced by having this consistent, quality amplification. The absence of sound can permanently impair a child's ability to process sound, especially language.

Fitting a child w/ hearing aids as early as possible can dramatically alter their outcomes.

The technology available to children who are deaf and hard of hearing has improved significantly in the past 10 years and continues to become more powerful and sophisticated. Even children w/ profound deafness can now benefit from hearing aids. In addition, today's hearing aids can be more finely tuned to the child's specific hearing profile.

The burden of trying to finance hearing aids can delay their acquisition and deprive the child the opportunity to access sound and language resulting in permanent delays. It can also result in children wearing hearing aids that are not functioning properly or are not appropriate for their hearing loss.

In the last few years in my job as an Outreach Consultant, I have worked w/ more than 16 families to obtain funding so they could purchase hearing aids. Just since the beginning of this year, I have worked with 6 families to access resources and come up with ways to

pay for hearing aids. This process can be very shameful and humiliating for these families. These hearing aids typically cost thousands of dollars a piece. And of course, the child usually needs 2.

The families that are most effected are hard-working people who are paying for insurance and are universally shocked and outraged to find out that this expense for a needed medical good is not covered by their insurance. It would certainly be unusual for family to anticipate they would need coverage for hearing aids for their baby or young child.

The stipulation in HB101 that requires coverage for one hearing aid for each ear every 3 years and coverage of maintenance and supplies is especially important because I FREQUENTLY see children with aids that are broken, repaired w/ tape or are not appropriate for that child's hearing loss. This is often because the family is: trying to get "one more year" out of them, or waiting for their tax rebate, or hoping they'll win the lottery or.... And maintenance? Yikes! Hearing aids and little kids just aren't a good match: there is wading pools, peanut butter, the family dog, snow banks, siblings, toilets, football games, their mouth, you name it....many things that make maintenance a serious consideration. I can just imagine what prompted one busy little boy to tell me very earnestly that "water was not his hearing aid's friend".

It is not unusual for a child to lose more hearing as they age resulting in the need for a more powerful hearing aid, such as Lucie has experienced. When families have to write the check to keep up with this, with no assistance from the insurance they are paying for....again the child suffers. A 4<sup>th</sup> grade boy I know whose family was trying to get the finances together to buy him new aids said something I'll never forget. He had needed new hearing aids for at least a year, that's like the entire 3<sup>rd</sup> grade to him. He FINALLY got new hearing aids; and I asked him how he liked his new aids. He replied, "They're great. Now I can hear the kids talking behind me." That's wonderful but, he went a year w/ out hearing the kids behind him? Ouch.

23 years ago my son Mick was 6 months old, he was diagnosed as being profoundly deaf. We made payments on hearing aids off and on for years even though we had insurance. So to quote Rob Forstenzer, "It's just plain wrong and highly unfair that this coverage of is excluded from Montana Health plans." This is a basic and essential service affecting the physical, academic, and emotional development of our children. Please look over the handouts I have provided to support my testimony.

I deeply appreciate your attention to this matter and urge you to support this bill. Thank you.

WHO:

WHAT:

WHY:

WHEN:

HOW:

FORT MISSOULA HEARING CENTER

RUTH FUGLEBERG, MCSD, CCC-A  
2831 FORT MISSOULA ROAD, SUITE 300  
MISSOULA, MONTANA 59804

(406) 542-5200  
1-800-458-6661

January 11, 2007

Montana State Legislature  
Business and Labor Committee  
ATTN: Scott Mendenhall

Dear Mr. Mendenhall:

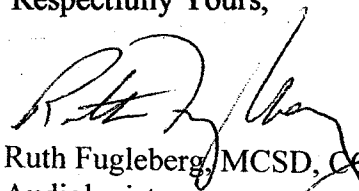
I am writing to voice my support of Senate Bill No. 101, the proposed legislation that requires insurance coverage for hearing aids for minors in Montana. As a Missoula audiologist who provides both diagnostic and rehabilitative pediatric audiology services, as well as coordination of the Newborn Hearing Screening Program at Community Medical Center, I have witnessed firsthand the financial hardship placed upon families of hard-of-hearing and deaf infants and children when insurance companies do not cover hearing aids.

National statistics show that 2-4 newborns out of every 1,000 births will be confirmed to have hearing loss. Because of the negative consequences when hearing loss is identified late (speech and language delays which have a negative effect on cognitive, social and emotional development), newborn hearing screening programs such as Montana's have become the standard of care. These programs have made great strides in allowing early identification of hearing loss, but their ultimate goal is to make sure hearing aids are fitted by 6 months of age. Studies show that when hearing aids are fitted this early, hard-of-hearing children develop speech and language very much like normally-hearing children and will enter school with speech and language skills similar to those of their normal-hearing peers.

Although the number of children with hearing loss is not high, for many of those who are affected, the present lack of insurance coverage is a very big problem. In too many instances, families and professionals fumble around so long attempting to locate funding sources that hearing aids are fitted at unacceptably late ages, or the children have to settle for less-than-optimal amplification.

In summary, hearing loss is a health problem and hearing aids are a medically-necessary treatment. Insurance companies should be held responsible for coverage of hearing aids just as they cover other medically-necessary treatments. Your support of this important legislation will extend further Montana's commitment to the needs of hard-of-hearing and deaf children in our state.

Respectfully Yours,



Ruth Fugleberg, MCSD, CCC-A  
Audiologist

January 12, 2007

Rob Forstenzer  
177 Old Clyde Park Road  
Livingston, MT 59047

To Whom It May Concern:

As a concerned parent of a child with a hearing impairment, I am in support of the proposed Bill for an Act entitled: "An Act inquiring insurance coverage of hearing aids for hearing-impaired children; amending sections 33-22-101, 33-31-111, 33-35-306, and 53-4-1005, MCA; and providing an effective date.

I have a son who lost his hearing at 8 months old after a bout of pneumococcal meningitis. He is completely deaf in his right ear and severely hearing impaired in his left. The cost of hearing aides has forced us to only purchase one for the ear he can hear in. Aided he hears 72% of what is being said and at present time is not a cochlear implant candidate due to the ability aided to hear out of that one ear at the 72% level. Only when and if he loses his hearing down to 50% in the one ear will he then be eligible to be a cochlear implant candidate.

My son is nine years old and the cost of hearing aides has limited us in purchasing aides when needed. I have wonderful insurance for dental, vision and health but they say the hearing aides are cosmetic. Please tell me how wearing a hearing aide that requires a mold and tube that wraps over your ear is cosmetic? The current cost for just one is \$2000.00. We have been told that we make too much money to acquire any assistance so we have had to be put in collections for the first set and the we only bought one for his left ear due to cost and have a medical loan out for it.

I have had insurance with Blue Cross, Aetna, and Cigna over the past 9 years and every company state that even though my son acquired his hearing loss thru a medical condition - he is not eligible for hearing aide assistance.

I support the Bill that is being proposed and feel that it is time that we look carefully into all of the sections proposed. In my community alone we have over 15 hearing impaired children whose parents are all running into the same problems with the insurance companies unwilling to provide the necessary coverage your our kids. I pay over \$350.00 a month for medical coverage and feel that it is time that the HMO's, private insurance companies accept the 3 sections proposed to them.

If you should have any questions, please feel free to contact me at 406-697-3301.

Sincerely,

Marcella and William Buster  
2830 N. Ramshorn Drive  
Laurel, MT 59044

Mr. and Mrs. James Hohn, Jr.  
PO Box 237 #1 Tizer Lake Road  
Jefferson City, Montana 59638

January 12, 2007

Re: "An Act requiring insurance coverage of hearing aids for hearing-impaired minor children"

Dear Chairman Mendenhall and members of the Business and Labor Committee:

Unfortunately, we were unable to attend this hearing in person but we would like to express our support for this bill. Our three year old daughter, Mary, was born with moderate to severe hearing loss. Fortunately, her loss was recognized within three weeks of her birth and we were able to find supportive services and information to determine the treatment options available. We were told that Mary would require hearing aids in order to be able to comprehend the sounds, speech, and music in her environment and would also require intensive speech therapy in order to learn to speak in any comprehensible and meaningful way. Because of her type of hearing loss, it was vital that she begin using hearing aids as soon as possible in order for the auditory receptors in her brain to develop normally. There is a short time period when the auditory centers must hear speech sounds or that ability may be lost. There is a good chance that Mary will eventually lose more or all of her hearing as she grows older. So hearing now is vital.

With her hearing aids, Mary can hear many of the speech sounds we take for granted and she is able to understand most speech after intensive speech therapy. Her ability to speak and be understood is greatly enhanced which will be of greater benefit should her hearing eventually be lost. She also can enjoy music...and perhaps most importantly, she can sense dangers in her environment through sound as we are all able to do. They are so important to her, that even at three years old, she requests that we put them in for her and becomes upset at night when they must be removed.

While we are by no means wealthy and already had two young children, we did have and continue to carry health insurance coverage through my employer. Unfortunately, and unbeknownst to my wife and I, our insurance did not cover hearing aids—we found out that no insurance coverage does. To say that we were worried about the cost of these devices would be an understatement. To our shock, we learned that each hearing aid cost around \$1,000 and that the devices usually had to be replaced at approximately three year intervals. We were put in touch with the Lore Kann Foundation, which thankfully paid for her first hearing aids.

Our health care insurance has covered some of her speech therapy costs and further hearing testing and CT scans; however, we are soon going to face the daunting task of buying new hearing aids without financial assistance. In addition to the cost of the devices themselves, there is also the cost of batteries, frequent ear mold replacements as Mary grows, maintenance and repair. Additionally, we continue to pay to attend sign language courses and purchase learning tools in the event that Mary's hearing is totally lost. These costs will only increase as our other children and Mary get older and need to attend courses for more in depth sign language skills.

We are not asking for a handout or something for nothing. We only ask the committee to consider insurance coverage for hearing aids. Mary's quality of life, her

safety, her ability to receive an education, and her success and confidence in a hearing world depend upon having affordable hearing aid insurance coverage. She is a vivacious, intelligent, little girl who has her whole life in front of her—we would like to be able to ensure that she has the best technology available so she can become a productive and happy member of society.

Respectfully,

Mr. and Mrs. James V. Hohn, Jr.

**From:** <srenner@bozeman.k12.mt.us>  
**Subject:** support for House Bill 101  
**Date:** January 14, 2007 1:13:09 PM MST  
**To:** <rob@montanagrasslandsbeef.com>  
**Reply-To:** <srenner@bozeman.k12.mt.us>

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To Whom It May Concern:

I am writing in support of House Bill 101, regarding monetary support for children who need hearing aids. I am a teacher of the Deaf/Hard of Hearing and have worked with many, many children throughout this region that rely on hearing aids for access to daily life. These children are dependent on their amplification for everything--and yet, that amplification is only provided if they qualify for medicaid, or their parents make enough money.

Hearing is a first-order event! Children with a hearing loss are able to read, and write, and do anything every other child can do--but only with the means to overcome the acoustic barrier in which they are surrounded. It is truly unfortunate to work with parents who feel they need to go on medicaid to afford the amplification their child needs--yet this happens frequently. Often the child goes to school unaided, or with inferior amplification, because the parents are not able to pay the cost of this expensive equipment. As an educator, I can implement wonderful interventions and do everything perfect--yet if the child is not amplified, my efforts are almost negated. Hearing must come first--and then we can teach reading, writing, etc.

Many states already have this legislation in place. This legislation will benefit the children of Montana, and will not penalize anyone.

As an educator, citizen, and parent--I ask you to please support House Bill 101 and help children with a hearing loss receive the appropriate amplification they need.

If I can be of any information please contact me:

Sherilyn Renner

Teacher of the Deaf/Hard of Hearing

Bozeman Public Schools

Bozeman, MT 59715

406 522 6312



**From:** Johanna Pyle <jpyle@bozeman.k12.mt.us>  
**Subject:** support of the insurance bill  
**Date:** January 12, 2007 9:20:43 AM MST  
**To:** rob@montanagrasslandsbeef.com

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Dear Mr. Forstenzer,

I am writing to support HB101. I am a special education preschool teacher here in Bozeman, and I work with a profoundly deaf student. Many, many of our families are extremely poor, and rely heavily on insurance and other forms of support for medical intervention. It is essential that this bill pass, and insurance companies cover the cost of hearing aids for minor children. It goes without saying that childhood is a critical time for children to learn all sorts of skills, from life skills to speech/language, academic concepts and social interaction skills. If hearing-impaired or deaf children go without the benefit of hearing aids, they are extraordinarily disadvantaged. Please communicate to the legislature for me just how urgently I believe this bill should pass. Thank you, Johanna Pyle  
Bozeman Public Schools

**From:** Kathryn Miiller <kmiiller@bozeman.k12.mt.us>  
**Subject:** hearing aid funding  
**Date:** January 12, 2007 8:56:40 AM MST  
**To:** rob@montanagrasslandsbeef.com, Sherilyn Renner  
<srenner@bozeman.k12.mt.us>

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To Whom This May Concern:

As a speech pathologist at the high school level, and with 30 years of experience, I want to voice my support for insurance companies being required to pay for hearing aids for minor children.

While the salaries and demand for speech pathologist continue to rise, especially in Montana, (due to an extreme shortage)--you may not realize that the work we are doing with the population of hearing impaired children is often not effective. No amount of therapy will benefit a child if they are not properly fitted and monitored with the correct hearing aids. And this monitoring is not occurring due to parents inability to pay.

In the interest of efficacy of treatment and to allow us to competently do the jobs you are paying us to do, the basics need to be in place from a medical standpoint. I feel that requiring health insurance companies to fund hearing aids that are prescribed by a medical team member would benefit the educational system overall.

Sincerely,

Kathryn A. Miiller, MS, CCC-SLP  
Speech-Language Pathologist  
406-522-6687

**From:** Sue Brown <sbrown@bozeman.k12.mt.us>  
**Subject:** House Bill 101  
**Date:** January 12, 2007 11:13:31 AM MST  
**To:** rob@montanagrasslandsbeef.com

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As a teacher in Montana Schools, I would like to recommend that the bill be passed because there are so many families in Montana with fixed incomes. Hearing needs are very expensive, and some families go without proper earcare because of the prohibited pricing for audiological services. Please pass HB101.

Susan Brown  
Bozeman High School  
Bozeman, MT 59715

January 14, 2007

To the Honorable Members of the House Business and Labor Committee,

I would like to voice my support for HB 101.

I have been an Educational Audiologist in the Billings Public Schools for 20 plus years. I am often the first professional to discuss with parents the need for hearing aids for their child and how to obtain them. Most of the families with whom I have worked do not qualify for Medicaid, and are left to their own devices to find a way to pay for the hearing aids. Their first response is usually that they will contact their insurance company. Most parents are frustrated to learn that hearing aids are not covered by their insurance. They are then at a loss as to what to do, as most do not have the resources to shell out that kind of money. I have been successful in finding some funding (through private foundations and service clubs) to help cover the costs but this takes time which translates to delays in obtaining hearing aids for the child. Often parents end up taking out a loan to cover the balance of the expense.

Hearing aids are crucial for a hearing impaired child, not only in school, but also to allow learning in social situations and to allow the incidental learning in all settings that comes naturally for children with normal hearing. Hearing aids are just as crucial for a hearing impaired child as crutches are for a person with a broken ankle or prescription medication is for a person with diabetes. It is a necessity for that child and should be covered by insurance.

Thank you very much for your time and your attention to this important matter. I am sorry that I cannot attend the hearing on January 17<sup>th</sup>. Please feel free to contact me if you would like more information.

Respectfully,

Suzanne Johnson Bressler, M.S.  
Educational Audiologist  
Billings Public Schools  
415 North 30<sup>th</sup> Street  
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406-247-3805  
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[sibressler@bresnan.net](mailto:sibressler@bresnan.net)

**From:** "Mike Popiel" <mpopiel677@msn.com>  
**Subject:** FW: info. on impt. legislation  
**Date:** January 15, 2007 7:15:17 PM MST  
**To:** <rob@montanagrasslandsbeef.com>

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This is a letter of support for HB101. As a special education teacher, I believe that it is very important for our students with hearing impairments to assist with the cost of hearing aids. Chery Popiel